

## City of Cincinnati Primary Care Board Meeting May 12, 2021 Agenda

Robert H. Brown Timothy Collier Luwana Pettus-Oglesby Donald Washington Ashley Colmenero Dr. Camille Jones

Pamela J. Adams
Caroline Moore
Dr. Angelica Hardee

Michelle Burns Ki-Afi Ra Moyo Ashley Glass

6:00 pm - 6:05 pm

Call to Order and Roll Call

6:05 pm - 6:10 pm

o Vote: Motion to Approve the Minutes of April 14, 2021 CCPC Meeting

## **Old Business**

6:10 pm - 6:20 pm

Swearing in:

Pamela J. Adams Robert H. Brown Caroline Moore

6:20 pm - 6:35 pm

**Nominations of Officers** 

Nominated from last meeting:
Chair: Robert Brown
Vice Chair: Michelle Burns
Secretary: Caroline Moore

**New nominations** 

6:33 pm - 6:45 pm

**Election of Officers** 

Vote: Motion to Elect [nominee] as Chair (may be more than one)

Vote: Motion to Elect [nominee] as Vice Chair (may be more than one)
 Vote: Motion to Elect [nominee] as Secretary (may be more than one)

6:45 pm - 7:00 pm

**CCPC Committees** 

Populating/Scheduling

7:00 pm - 7:10 pm

By-Law Review – Presentation, Tim Collier

7:10 pm - 7:25 pm

COVID19 Update - Presentation and Q & A, Dr. Maryse Amin

## Leadership Updates

7:25 pm - 7:40 pm

Geneva Goode

**Rescue Plan Act Funding Proposal** 

{00335869-1}

Vote: Motion to Approve Rescue Plan Act Funding Proposal

**CCPC Operations Update** 

7:40 pm - 7:55 pm

Dr. Grant Mussman

Monthly Quality Update Executive Dashboard

7:55 pm - 8:05 pm

Robert Hall, Chief Financial Officer

Finance Update – *handout* 

## **New Business**

8:05 pm - 8:15 pm

**New business** 

Next Meeting – June 9, 2021

## Mission

To provide comprehensive, culturally competent, and quality health care for all.

## CCPC Board of Governors Meeting Minutes Wednesday, April 14, 2021 Call to order 6:00 pm

## Roll Call

CCPC Board members present – Pamela Adams, Robert Brown, Michelle Burns, Timothy Collier, Ashley Glass, Dr. Angelica Hardee, Dr. Camille Jones, Caroline Moore, Ki-Afi Ra Moyo, Luwana Pettus-Oglesby, Donald Washington.

CCPC Board members absent - Ashley Colmenero, excused.

Others present: Dr. Maryse Amin, Robert Hall, Roshani Hardin, Christina Harding, Edward Herzig, Domonic Hopson, Jon Lawniczak, Dr. Phil Lichtenstein, Monica Mitchell Comm. Melba Moore, Dr. Grant Mussman, Dr. Anna Novais, Virginia Scott, Debi Smith, Zach Southwood.

Topic	Discussion/Action	Motion	Responsible Party
Call to Order/Moment of Silence	Meeting was called to order 6:00 p.m.		Robert Brown
Roll Call	11 present, 1 absent		
Minutes	Motion: That the City of Cincinnati Primary Care Board of Governors approve the minutes of the March 10, 2021 meeting.	1 <sup>st</sup> : Collier 2 <sup>nd</sup> : Adams Action: Passed	
COVID-19	COVID-19 Update - Presentation  March/April Highlights  Contact Tracing  Vaccination		Maryse Amin, PhD, MS
CEO	<ul> <li>CEO Update</li> <li>Rescue Plan Act Funding</li> <li>Senior Leadership Recruitment</li> <li>CCPC Operations Update</li> </ul>		Domonic Hopson
QI/QA	UDS Measures  • Highlights		Grant Mussman, M.D.
Finance Update	Revenue Presentation for February 2021  Revenue Collection  March Payor Mix Highlights  Account Receivable Trends  Days in Account Receivable & Total Account Receivable		Robert Hall

	FY22-23 Operating Budget Submission  FY22 General Fund Budget  Budget Cut Recommendation  Budget Summary  2022 Budget/Finance Committee Request		
Oral Health Update	Oral Health Program Quarterly Update  Operational Highlights Other		Anna Novias, DMD
New Business	Public Comment  Motion: That Caroline Moore is elected to a 2 <sup>nd</sup> term  Motion: That Robert Brown is elected to a 2 <sup>nd</sup> term  Motion: That Pamala J. Adams is elected to a 2 <sup>nd</sup> term  Officer Nominations: Secretary: Caroline Moore by Michelle Burns. Vice Chair: Michelle Burns by Ki-Afi Ra Moyo Chair: Robert Brown by Pamala J. Adams	1st: Collier 2nd: Pettus- Oglesby Action: Passed  1st: Pettus- Oglesby 2nd: Jones Action: Passed  1st: Pettus- Oglesby 2nd: Jones Action: Passed	
	CCPC Committees Volunteers for Chairs by next meeting. Executive: in by-laws Finance Planning and Development Personnel Clinical and Quality  Domonic Hopson Performance Evaluation - Executive Session Motion: That the CCPC Board go into Executive Session pursuant to Ohio Revised Code Section 121.22(G) to consider the compensation of a public employee.	Deferred to next meeting.  1st: Brown 2nd: Jones Action: Passed	

Motion: That the CCPC Board approve Mr. Hopson's Performance Evaluation as presented in executive session.	1 <sup>st</sup> : Burns 2 <sup>nd</sup> : Moore Action: Passed	
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Meeting adjourned 8:30 p.m.

Next meeting: May 12, 2021

The meeting can be found at: <a href="https://archive.org/details/ccpc-board-4-14-21">https://archive.org/details/ccpc-board-4-14-21</a>

Date: 4/14/2021) Clerk, CCPC Board of Governors

Caroline S. Moore

Date: 4/14/2021

Caroline S. Moore, Secretary

## CCPC Board of Governors Cincinnati Health Department May 12, 2021

						Approve
	,					American
Board Members	Roll Call	Minutes	Elect Chair	Flort Vice Chair	1 + c c s c c s c c c c c c c c c c c c c	Rescue Act Plan
Pamela J. Adams	×			A de constitution	ביברו שברו במנו א	runding
				Audills		
Mr. Robert Brown	×	٨	Σ	Adams		>
Ms. Michelle Burns	×	>	Σ	Hardee	>	>
Mr. Timothy Collier	×		Σ			>
Ms. Ashley Colmenero	×	>	Σ	Adams		-
Ms. Ashley Glass	×	>-	Σ	Hardee		>
Dr. Angelica Hardee	×	>				-
			IAI	BULUS		>
Dr. Camille Jones	×	Υ.	Σ	Adams	2nd	>
Ms. Caroline Moore	×	<b>&gt;</b>	Σ	Hardee		- >
Ms. Ki-Afi Ra Moyo	×	>	Σ	Hardee		-   >
Ms. Luwana Pettus-Oglesby						-
Mr. Donald Washington	×	>	Σ	Hardee		>
Motion Result:		Passed	Moved to Hold	Passed	Passed	Approved
			2004			

Dr. Philip Lichtenstein - Ex Officio Ms. Carrie Douglas - Ex Officio

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**DATE**: May 18, 2021

TO: City of Cincinnati Primary Care Board Meeting

FROM: Maryse Amin, PhD, MS, Assistant Health Commissioner, CHES

SUBJECT: April/May COVID-19 Update

## **COVID-19 Presentation Update**

The COVID-19 update presentation is provided in the Board packet.

## March/April Highlights:

- As of May 5, 2021, the City of Cincinnati has 27,321 COVID-19 confirmed and probable cases.
- Based on the 7-day moving average, the rate has slightly decreased to 14.0 cases per 100,000 for the City of Cincinnati and 11 cases per 100,000 for Hamilton County.
- Based on the 7-day moving average for the number of cases per day as remained steady at 42.9 as of May 5, 2021.
- Outbreak cases remain to be reported in places of employment
- The percent positive for COVID-19 cases in the City of Cincinnati has increased to 5.5% and remained at 4.0% for Hamilton County outside of the city. In the 14-county area, the highest percent positive is observed in individuals 5-17 years of age (5.0%) and 18-24 years of age (6.1%).
- COVID-19 related hospital occupancy continues to show a stable decline, reducing the strain on the hospital staffing. The number of occupied beds for regional hospital capacity for med-surge and ICU beds is putting minor to moderate strain on staffing 2,297 7-day moving average and 448 7-day moving average, respectively for Southwest Ohio hospitals.
- Of the % hospitalized, 5% are COVID-19 positive, 23% are ICU admitted and 80% are on ventilators. The % hospitalized and on ventilators continues to show a steady decline.
- The first B.1.l.7 variant was reported for the City of Cincinnati jurisdiction in March, 2021. Currently, CHD repots 21 B.1.1.7, 1 B.1.351, 1 B.1.427 and 3 B.1.429 variant. As of April 1, 2021, the state has detected 620 B.1.1.7 variant cases.

## Contact Tracing:

o CHD is actively monitoring 206 COVID-19 positive and close contacts.

## • COVID-19 Vaccination:

- As of March 29, 2021, CHD is working through vaccinating all individuals 16 years of age and older. We continue with outreach to target populations.
- o To date, CHD has vaccinated a total of 41,841 first dose vaccinations. For second doses, 37,628 doses have been administered. Currently, more second doses are completed than first doses administered in a week.
- As of May 7, 2021, CHD is partnering with ODH to provide a mobile van to target neighborhoods.
  - Target neighborhoods are considered based on low vaccination rates and social vulnerability index calculated by ODH.

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- o Since CCPC has started administering vaccine at the Health Center sites, those vaccinated by race includes 57.5% black, 32% white, 3.6% other and 6.4% unknown were vaccinated.
- o Thus far, approximately 40.7% of Ohioans and 42% of Hamilton County Residents have been started to be vaccinated.

## CINCINNATI

HEALTH DEPARTMENT

COVID-19 Update CCPC Meeting

Maryse Amin, PhD, MS May 12, 2021

## Cincinnati COVID-19 Positive Cases

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HEALTH DEPARTMENT

## COVID-19 positive cases, City of Cincinnati



7-day Moving Average Count

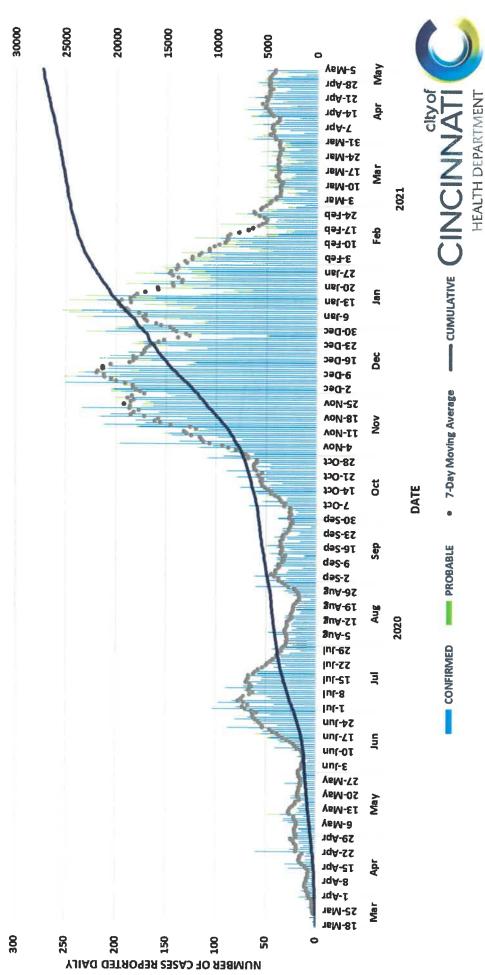
**New Positive Cases** 

42.6

27321

TOTAL

**EPIDEMIOLOGICAL CURVE** 



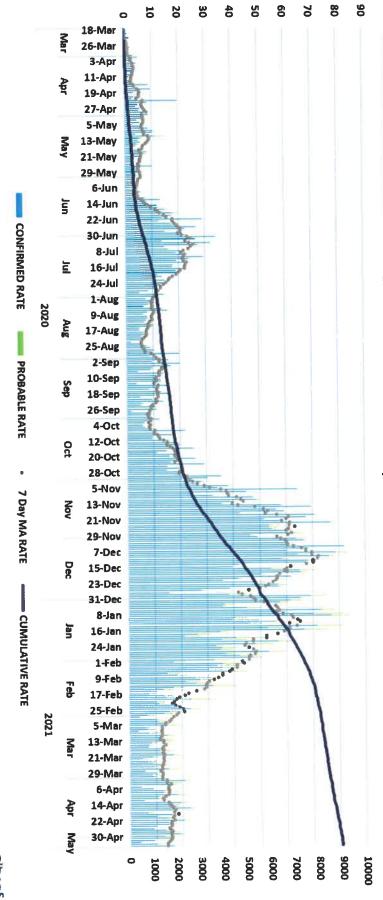
Data as of 5.5.21. Source: Ohio Disease Reporting System (ODRS); S. Courtney

# COVID-19 positive cases per 100,000, City of Cincinnati

7-day Moving Average Rate 14.0

New Positives (per 100,000)

**EPIDEMIOLOGICAL CURVE (RATE PER 100,000)** 



Rate Per 100,000

60

80 90

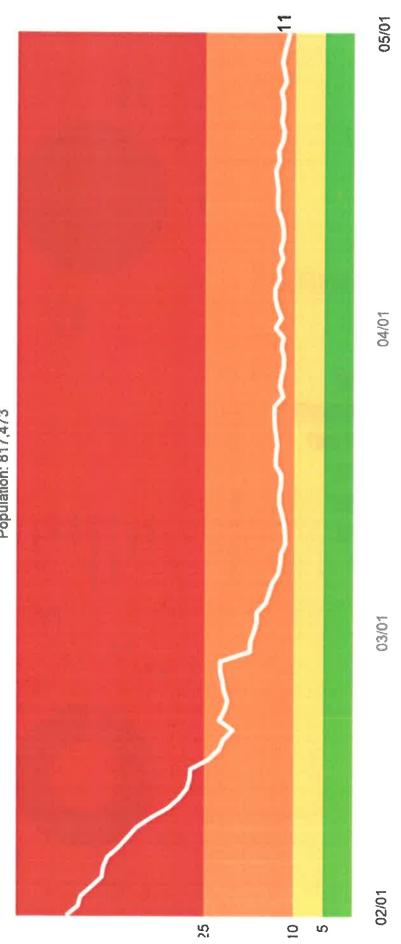
70



**Cumulative Rate Per 100,000** 

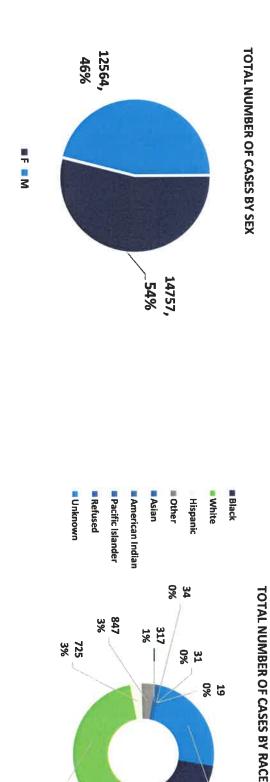
# COVID-19 positive cases per 100,000, Hamilton County

Hamilton County, Ohio Population: 817,473





## COVID-19 total positive cases, City of Cincinnati



## TOTAL NUMBER OF CASES BY AGE & SEX

9963 36%

> 8965 33%

6420 24%



# City of Cincinnati Schools

CITY OF CINCINNATI SCHOOLS	Non-Public / Charter / Parochial Schools	Positive Students	774	Positive Staff	353	The Strategies of the Strategi
CITY OF CINCIL	Cincinnati Public Schools	Positive Students	671	Positive Staff	582	*Updated 4/27/2021



# City of Cincinnati variant cases

VARIANT B.1.1.7

**VARIANT B.1.351** 

TOTAL

**CONFIRMED CASES** 

TOTAL

**CONFIRMED CASES** 

**VARIANT B.1.427** 

**VARIANT B.1.429** 

TOTAL

TOTAL

**CONFIRMED CASES** 

**CONFIRMED CASES** 

\*VARIANTS ARE REPORTED BY ODH TO CHD AS A RESULT OF GENOMIC SEQUENCING AND SURVEILLANCE. THE AMOUNT OF SAMPLES TESTED IS UNKNOWN AT THIS TIME.



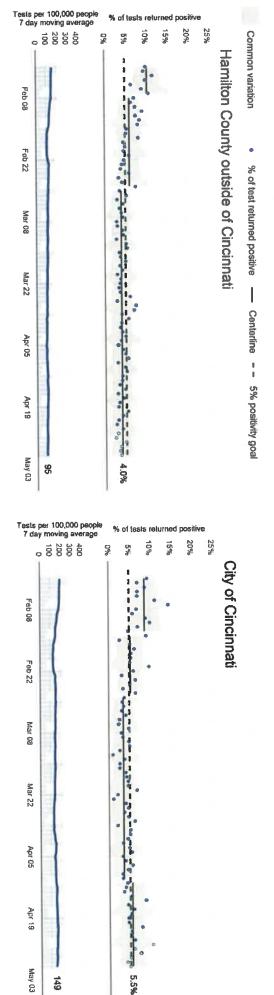
## COVID-19 Model of Transmission and Percent **Positive**

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# Percentage of positive results

# Positivity rate and tests per 100,000 people for Hamilton County and City of Cincinnati



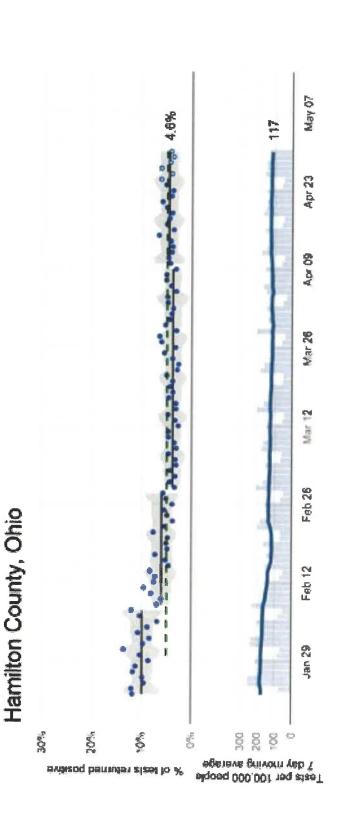
Open circles indicate points highly subject to change. Location is based on address provided to the lab.

Source: The Health Collaborative data as of 5/2/21



Source: The Health Collaborative data as of 5.2.21. Open circles indicate points highly subject to change. Location is based on address provided to the lab.

## Percentage of positive results Hamilton County





Data as of 5.2.21, The Health Collaborative, Cincinnati Children's Hospital Medical Center, Source: Ohio Disease HEALTH DEPARTMENT Reporting System (ODRS); Hamilton County Public Health website - case count

# **COVID-19 Vaccination**

## CINCINNATI HEALTH DEPARTMENT

# COVID-19 Vaccination Ohio Eligibility

- All Ohioans 16 years of age and older eligible for COVID-19 vaccination
- Pfizer available to 16 +
- EUA to seek approval for 12-15 yo week of 5.10.21
- Moderna available to 18 +
- J&K available to 18 + on hold



## COVID-19 vaccinations started Cincinnati Health Department

Started Vaccination by Sex and Race

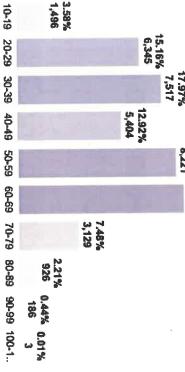
Started Vaccination by Age



Female

Mala

Other Unknown White



41,841



## COVID-19 vaccinations completed Cincinnati Health Department



37,628



# Hamilton County and Ohio COVID-19 vaccinations by all providers

60% 40% 20% 0% Hamilton County Population: 817,473 Vaccines started: 339,216 Vaccines completed: 279,093 Source: ODH, https://coronavirus.oh/a.gov/stat/c/das/hboards/vaccine\_data.csv.on May 2nd, 2021 at 15:35 Dec 21 Jan 04 Jan 18 Feb 01 Feb 15 Mar 01 Mar 15 Mar 29 Apr 12 Apr 26 41% vaccine started 34% vaccine completed 40% 20% 9 Population: 11,689,100 Vaccines started: 4,715,308 Vaccines completed: 3,856,309 Dec 21 Jan 04 Jan 18 Feb 01 Feb 15 Mar 01 Mar 15 Mar 29 Apr 12 Apr 26 CINCINNATI

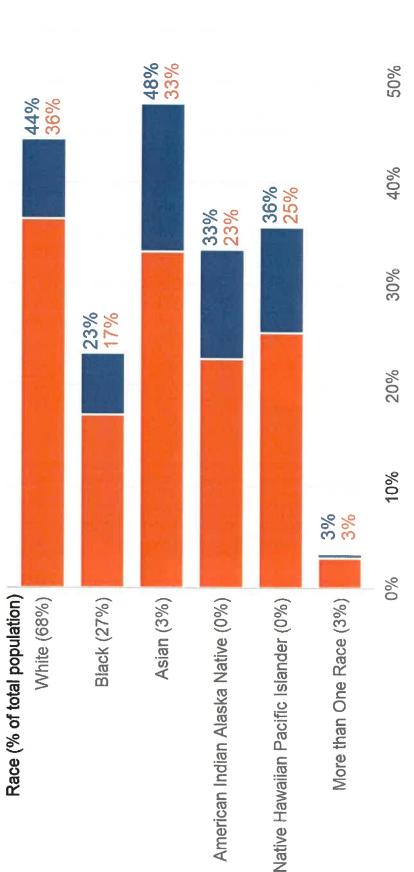
33% vaccine completes

40% vaccine started

HEALTH DEPARTMENT

# vaccinations by race by all providers Hamilton County COVID-19

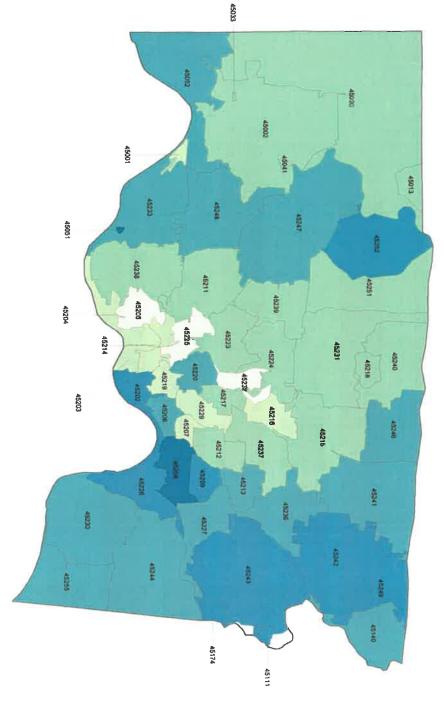
% of population with vaccines started and completed in Hamilton County by race





Data as of 5.2.21. Ohio Department of Health; The Health Collaborative.

# Hamilton County COVID-19 vaccinations by zip code



## **Lowest Performing Zips**

**45232**: Winton Hills/Winton Pl

45225: N.

Fairmount; Camp Washington; English Woods

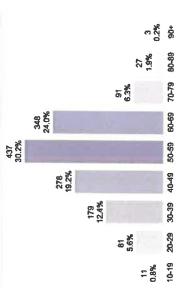
45205: Price Hill



# CCPC COVID-19 vaccinations

## All City of Cincinnati Primary Care Vaccinations Week Ending 5/1/2021



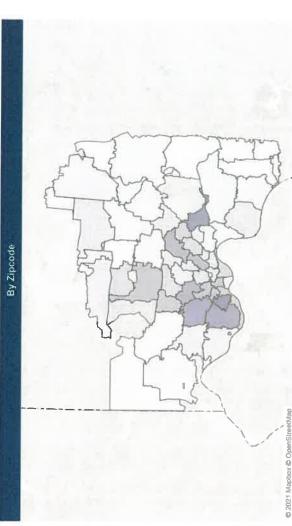






397

4,304





## Questions?



# Acknowledgments

- Cincinnati Health Department Staff
- Cincinnati Children's Hospital Medical Center
- Dr. Peter Margolis
- Dr. David Hartley
- Dr. Robert Kahn
- Dr. Andrew Beck
- The Health Collaborative
- Alex Vaillancourt



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**DATE**: May 4, 2021

TO: City of Cincinnati Primary Care Governing Board

FROM: Domonic Hopson, CEO

CC: Cincinnati Board of Health; Dr. Melba Moore, Health Commissioner

SUBJECT: American Rescue Plan Act Funding Proposal

### **BACKGROUND:**

The City of Cincinnati Primary Care/Cincinnati Health Department received a \$9,975,975 award from the American Rescue Plan Act (ARPA). This is CCPC/CHDs administration's recommended uses for the ARPA funding. Priority was given to previously identify needs and new projects that aligned with the current CCPC and CHD Strategic Plans. The recommended uses have two primary goals:

- Maintain and Increase Capacity by addressing projected deficits in CCPC/CHD's Fund 395 Account
- Recovery and Stabilization by completing overdue upgrades to the equipment, furniture, and technology in the Health Centers.

## Funding Focus Areas Descriptions

## Operating Budget Needs for FY22 and FY23

The proposed \$4,879,204 allocation allows for CCPC/CHD to address projected budget shortfalls in our School Health Division associated with the impact of remote learning and increased COVID 19 responsibilities for school-based health centers.

## Health Center Furniture and Equipment Upgrades

The proposed \$850,000 allocation allows for improvements to the waiting room and exam room furniture and equipment for Medical, Dental, and Vision service lines. The purpose of the investments is to ensure that have clinical staff necessary resources to provide high-quality health care services.

### Electronic Health Record Upgrades

The proposed \$300,000 allocation allows for upgrades to Pharmacy and Dental Health Records. The purpose of the funding is to enhance the Pharmacy's QS1 software by expanding interfaces with EPIC and add an IVR system for refill requests and cover the transition of Dental from Dentrix EHR to Wisdom EHR, which increases interoperability with EPIC.

Expansion of Centralized Services

The proposed \$1,072,083 allocation allows for improved efficiencies by expanded the Centralized Scheduled Unit to include a Centralized Medical Records team and bringing back the previously closed Centralized Pharmacy. The Centralized Scheduling and Medica Records Units allow front desk associates in Health Centers to focus on the patient in front of them and integrate with the Care Teams. The Centralized Pharmacy will focus on mailing and delivering chronic prescriptions, which allows the other pharmacy to focus on acute medications.

Training and Development

The proposed \$175,000 allocation allows for increased employee development opportunities. The purpose of this investment is to enhance skills and increase employee retention and productivity.

Outreach and Marketing

The proposed \$115,000 allocation allows for increased marketing to prospective patients and expanded awareness of the services CCPC/CHD offers. It will also allow for upgrades to CHDs website.

IT Upgrades

The proposed \$327,917 and \$100,000 allocation allow for upgrades to CCPC/CHDs computers, monitors, and scanners and a Security Risk Assessment, respectively. The purpose of the investments is to replace hardware that is approaching or already past its life cycle and enhance network security.

Telehealth Equipment

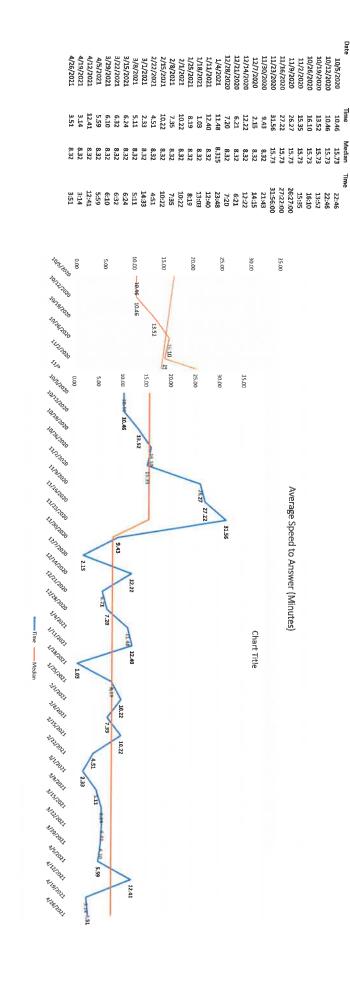
The proposed \$200,000 allocation allows for expanded telehealth capability for our medical, dental, and behavioral health services. The purpose of this investment is to expand access to care by reducing transportation barriers.

Facility Renovations

The proposed \$475,000 allocation allows for upgrades to clinical space at the Bobbie Stern Health Center and 3101 Burnet Street Auditorium. The purpose of the investments is to ensure that clinical staff has the necessary resources to provide high-quality health care services and allow for board meetings to be recorded and streamed.

New Personnel

The proposed \$1,481,771 allocation allows for increased staffing in previously identified clinical and operational positions. The purpose of the investments is to increase operational efficiency and expand behavioral, vision, and dental services.



Date

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DATE:

May 6, 2021

TO:

City of Cincinnati Primary Care Governing Board

FROM:

Geneva Goode, Group Practice Manager

SUBJECT: May Operational Update

### **April Highlights:**

### **ENCOUNTERS/VISITS**

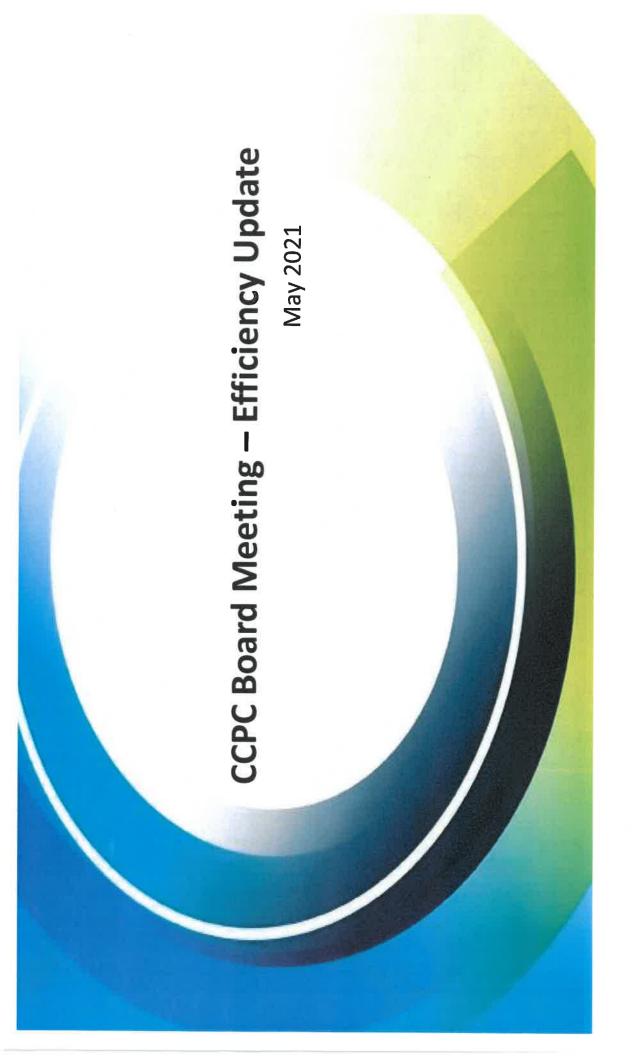
- Medical encounters for April were 4176. We continue to trend above our median of 4044
- Behavioral Health encounters for April were 285, which well above our FY21 median of 226.
- Dental encounters for April were 5271. This is second-highest total since the Pandemic began, and it is more than 1000 encounters higher than our FY21 median.
- School-Based Medical and Vision had their strongest month since the start of Pandemic began, with 1750 and 736 encounters, respectively.

### NO SHOWS

- We saw an increase in no-shows for Medical and Behavioral Health. In April, we transitioned to new appointment reminder software. During the first week, the reminder calls and text messages did not go out. The issue has since been resolved.
- Broken appointments for Dental has declined for the second consecutive month to 16.27%.

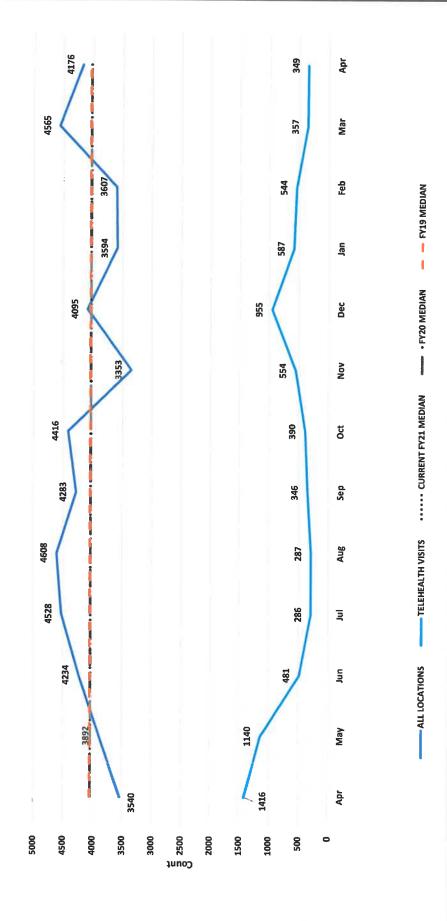
### **PHARMACY**

• The number of prescription fills trended down in April to 11,406. The fluctuation in fills is primarily due to staffing. We are actively recruiting to fill one pharmacist vacancy, and the new Pharmacy Director is scheduled to start on May 31st.

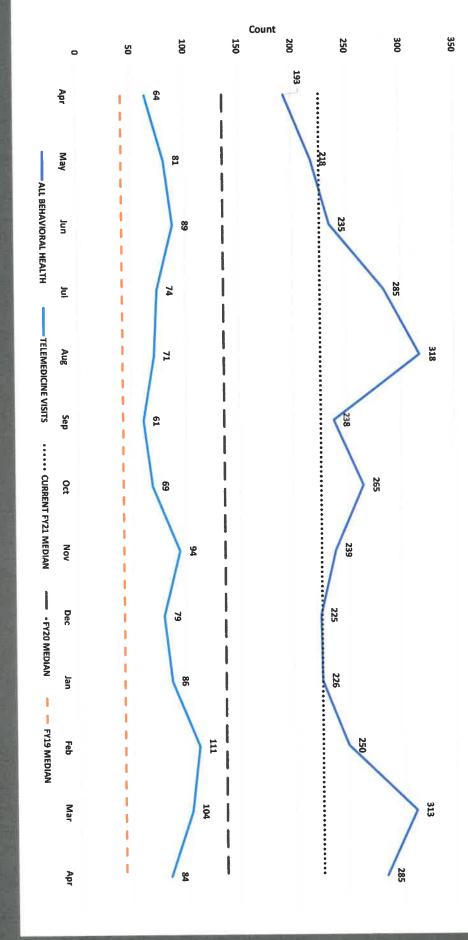


Medical/Behavioral Health

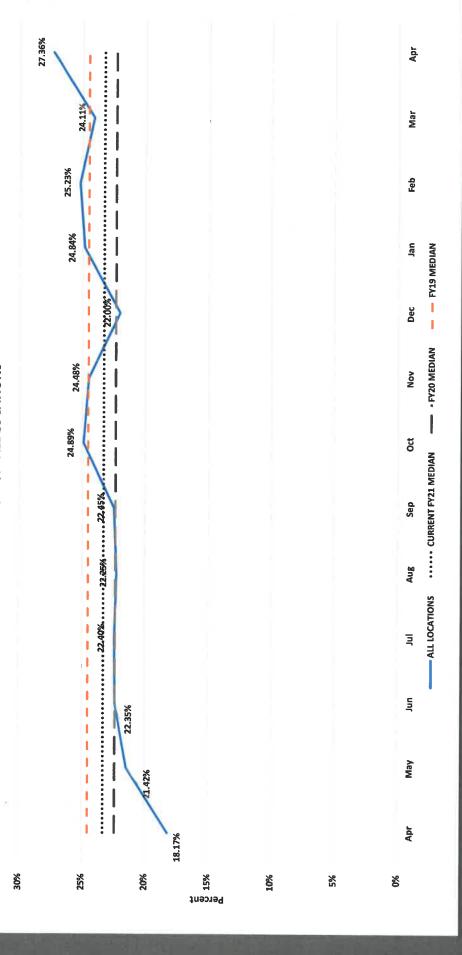
### **NUMBER OF VISITS - ALL LOCATIONS**



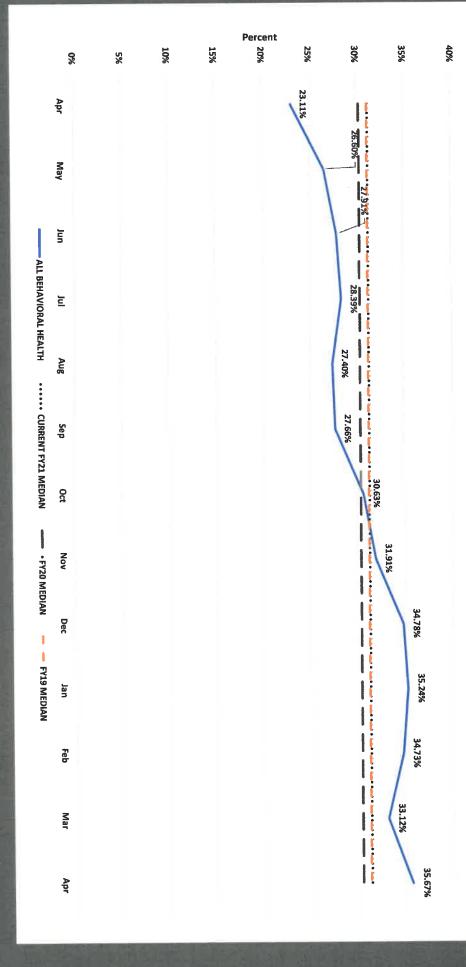
# NUMBER OF VISITS - ALL BEHAVIORAL HEALTH



### **NO SHOW % - ALL LOCATIONS**

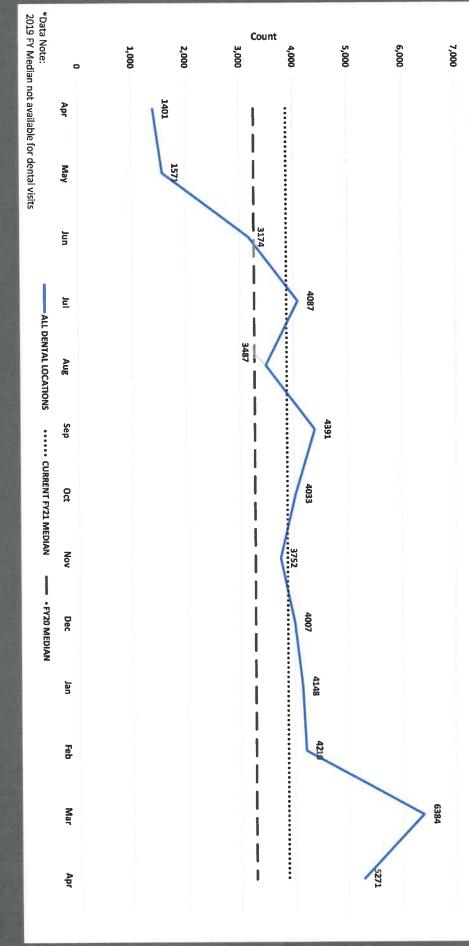


### NO SHOW % - ALL BEHAVIORAL HEALTH



Dental

## **DENTAL VISITS - ALL LOCATIONS**



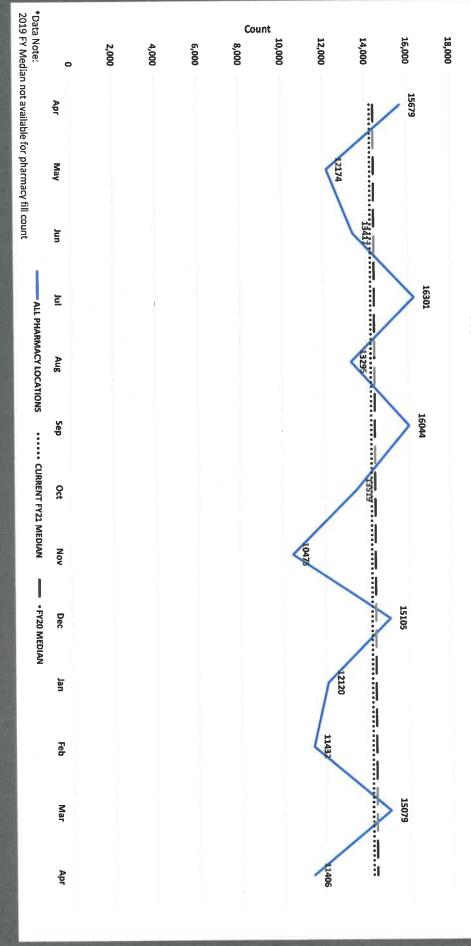
25%

Apr

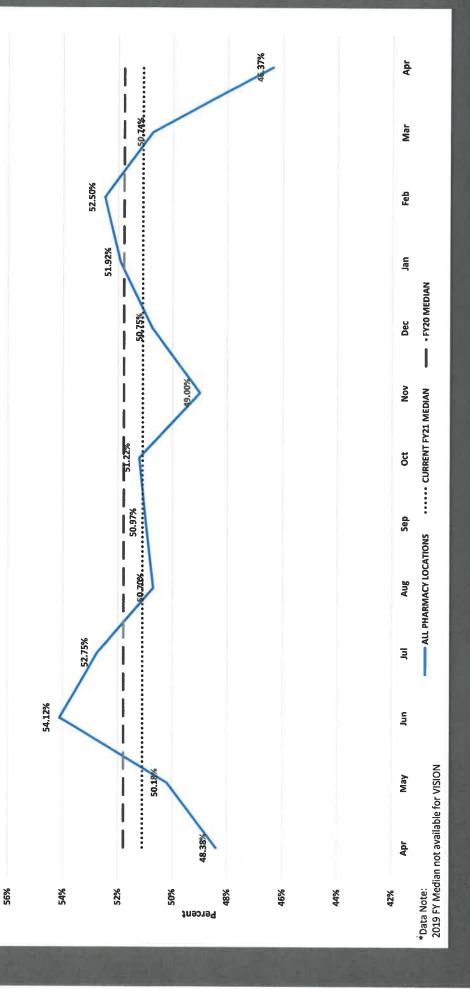
### \*Data Note: 2019 FY Median not available for dental new patient % Percent 14% 16% 12% 10% % 8 4% 2% 6% 0.00% Apr 12.06% 11.98% 11.78% 1.14% May Jun ᇀ 13.11% Aug **DENTAL NEW PATIENT % - ALL LOCATIONS** Sep 14.40% Oct Nov Dec Jan Feb 13.63% Mar Apr

# **Pharmacy**

# PHARMACY NUMBER OF FILLS - ALL LOCATIONS

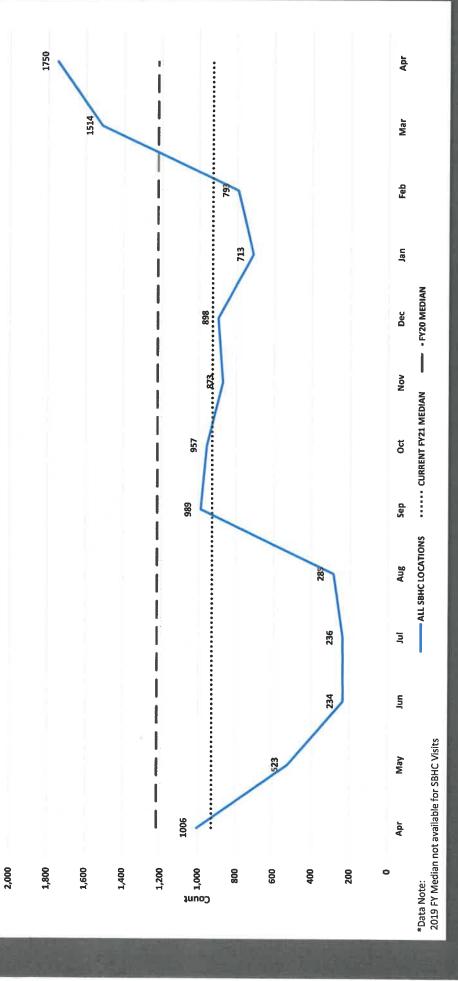


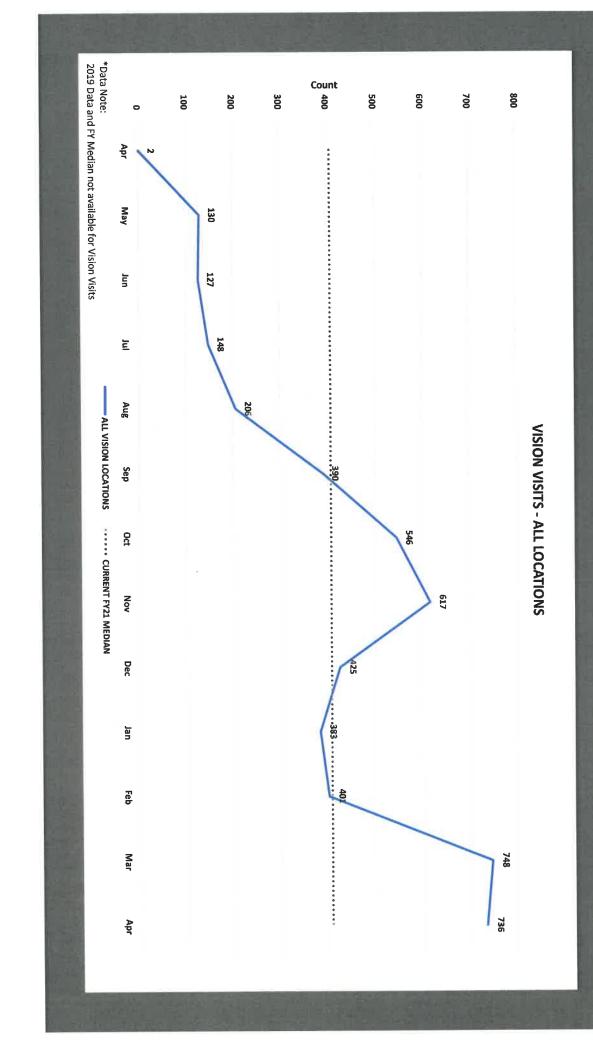
### PHARMACY ESCRIBE % - ALL LOCATIONS



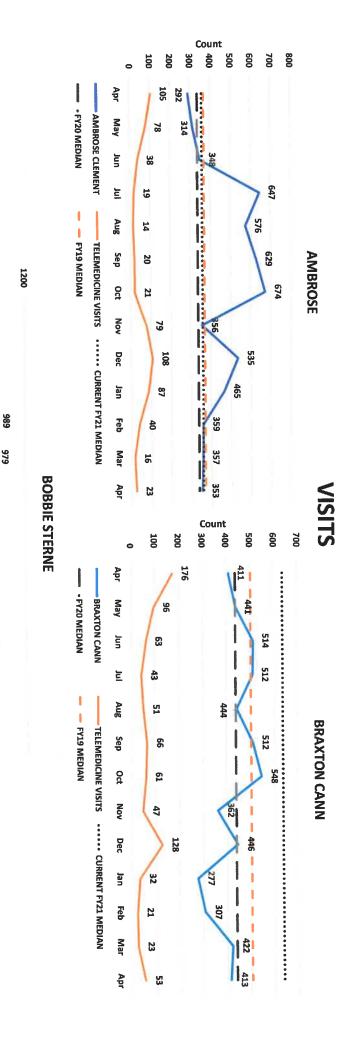
School Based Health Centers

### **SBHC VISITS - ALL LOCATIONS**





Supplemental Slides



Count

600

200

0

Apr

May

<u>u</u>n

<u>\_</u>

Aug

Sep

8

Nov

Dec

Jan

Feb

Mar

Apr

8

35

109

156

212

166

157

83

80

BOBBIE STERNE
-FY20 MEDIAN

FY19 MEDIAN

— TELEMEDICINE VISITS ······ CURRENT FY21 MEDIAN

8

385

356

1000

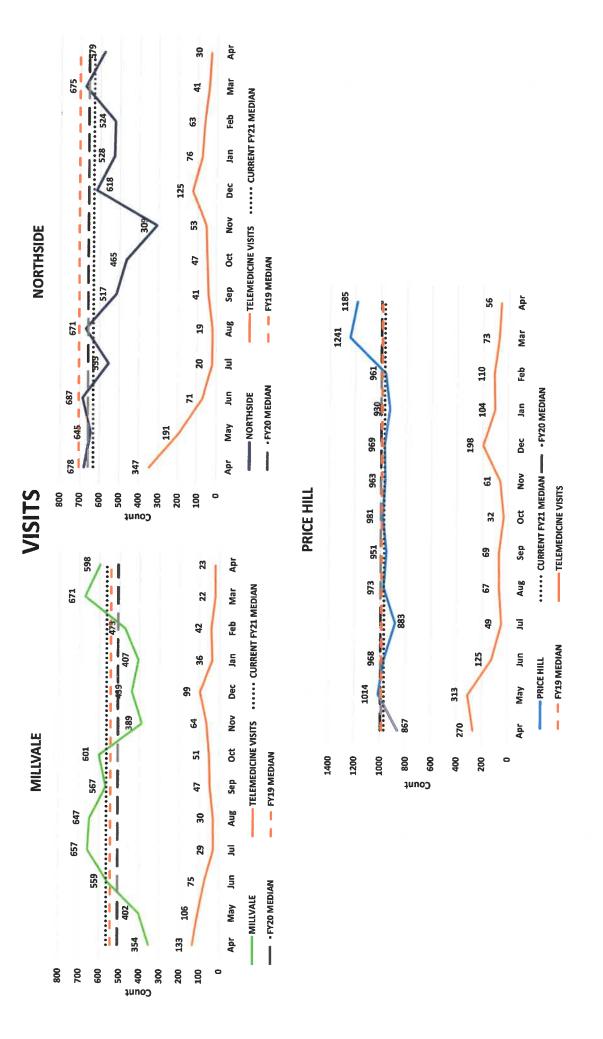
858

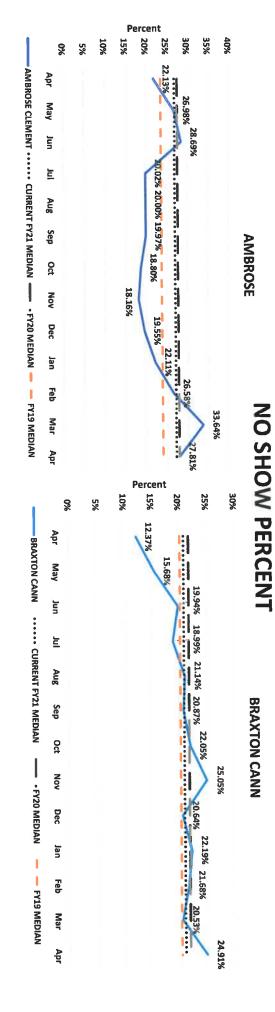
735

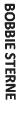
863

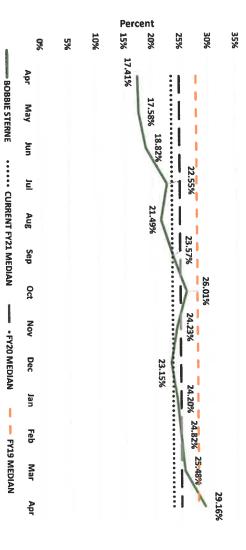
923

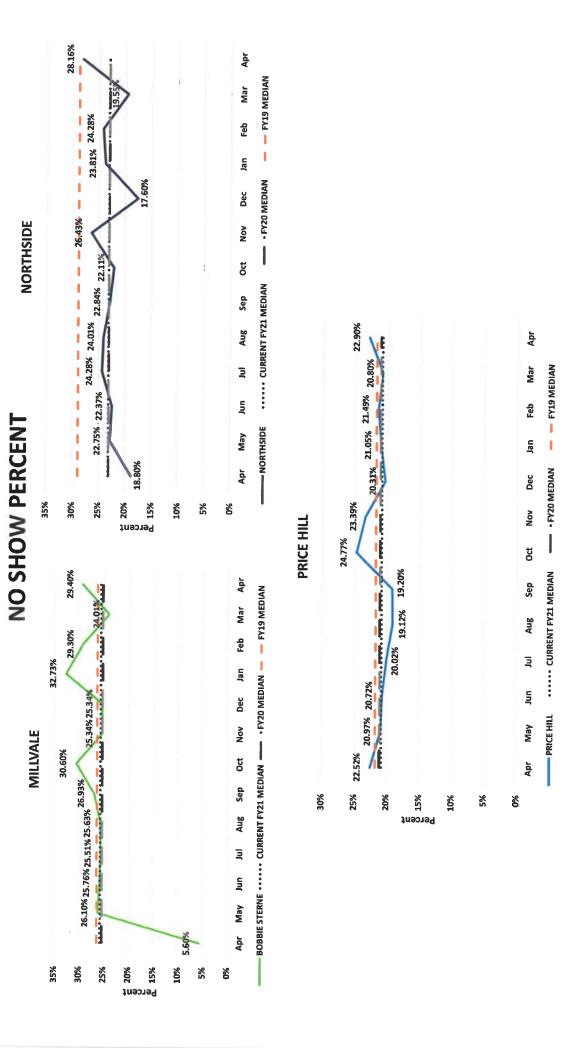
800













DATE:

May 12, 2021

TO:

City of Cincinnati Primary Care Governing Board

FROM:

Grant Mussman MD MHSA, CMO

SUBJECT: CMO Quality Improvement Update

The quality packet for April 2021 is presented this evening.

### Items included:

1) UDS measures dashboard, YTD through April 2021

2) Chart: Improvement in Access to Care for Adult Patients

3) Chart: Improvement in Access to Care for Pediatric Patients

### Highlights:

### **UDS** Dashboard

- Due to some measures meeting previous goals, and high performance noted in some areas showing performance potential, new goals have been adopted and are presented for 8 measures.
- Those measures are: DM: A1c Poor Control, Controlling High Blood Pressure, Pediatric BMI & Counseling, Tobacco Use Screening, Coronary Artery Disease: Lipid Therapy, Screening for Clinical Depression, Depression Remission at 12 Months, and Breast Cancer Screening
- 1 of 16 measures are now at goal
- 3/16 within 10% of goal
- · While many measure no longer meet goal, we are still seeing sustained improvements in our Diabetes control, BP control, Immunization status, and HIV linkage to care, and expect to continue to see improvements.

### Improved Access for Adult and Pediatric Patients

- Access can be measured using the 3rd next available appointment, a standard measure of access in the medical literature
- Use of the 3rd appointment helps filter out cancellations or unusual events
- Since 10/5/2020, the average number of days until the 3rd next available appointment for adult patients decreased from 30 days to 9 days
- Since 10/5/2020, the average number of days until the 3rd next available appointment for pediatric patients decreased from 42 days to 15 days
- Innovative schedule change implemented in March 2021 was a key intervention
- Improving access continues to be a priority

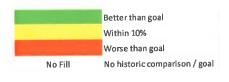
### QI Packet

City of Cincinnati Board of Health Grant Mussman MD MHSA, CMO April 27, 2021

### **UDS** Dashboard

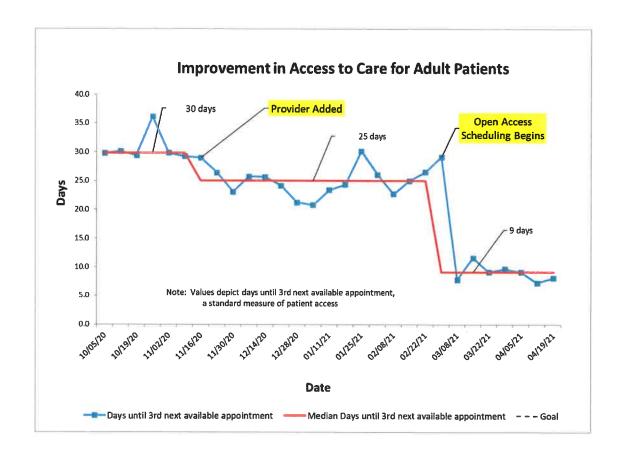
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Optimal Direction	2020 Performance	CCPC Goal	UDS Measure Monthly 2021	January	February	March	April
+	30%	22%*	DM: A1c Poor Control	93%	30%	28%	28%
<b></b>	5894	72%*	Controlling High Blood Pressure	49%	50%	56%	59%
<b>1</b>	6794	90%	Cervical Cancer Screening	79%	74%	733L	73%
4	69%	80%	Early Entry Into Prenatal Care	71%	70%	70%	6896
4	756	8%	Low Birth Weight	7%	18%	9%	9%
Φ.	49%	80%	Childhood Immunization Status	46%	53%	52%	52%
4	72%	90%	Dental Sealants Ages 6- 9 Years Data provided by Dentrix	70%	30%	84,50%	Data Pending
φ.	E596	90%*	Pediatric BMI & Counseling	67%	75%	80%	85%
1	79%	90%	Adult BMI & Follow - Up	73%	74%	75%	75%
4	83%	90%*	Tobacco Use Screening	55%	87%	15%	114%
1	77%	90%*	Coronary Artery Disease: Upid Therapy	79%	6506	80%	80%
1	86%	90%	Ischemic Vascular Disease: Use of Antiplatelet	86%	84%	85%	86%
1	47%	70%	Colorectal Cancer Screening	42%	48%	48%	47%
Φ.	18%	75%	HIV Linkage to Care	100%	100%	100%	100%
+	50%	90%*	Screening for Clinical Depression	67%	58%	75%	77%
<b>•</b>	13%	41%*	Depression Remission at 12 Months***	15%	16%	16%	17%
1	75%	TBD	HIV Screening***	B4%	83%	81%	80%
4	41%	71%*	Breast Cancer Screening***	50%	2(8)4	4796	44%

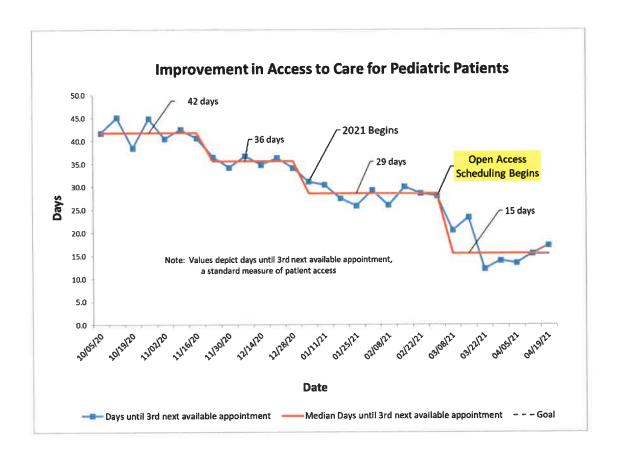
### \* New Goal



\*\*\* New 2020

Audit Reporting Period: 1/1/21 - 3/31/21





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Optimal Direction	2020 Performance	CCPC Goal	UDS Measure Monthly 2021	January	February	March
Ψ	30%	20%	DM: A1c Poor Control	31%	30%	28%
<b>^</b>	58%	80%	Controlling High Blood Pressure	49%	50%	56%
<b>^</b>	67%	90%	Cervical Cancer Screening	73%	74%	73%
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<b>^</b>	83%	100%	Tobacco Use Screening	88%	87%	85%
<b>1</b>	77%	90%	Coronary Artery Disease: Lipid Therapy	79%	65%	80%
<b>4</b>	86%	90%	Ischemic Vascular Disease: Use of Antiplatelet	86%	84%	85%
<b>1</b>	47%	70%	Colorectal Cancer Screening	47%	48%	48%
Λ	18%	75%	HIV Linkage to Care	100%	100%	100%
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<b>^</b>	13%	TBD	Depression Remission at 12 Months***	15%	16%	16%
1	75%	TBD	HIV Screening***	84%	83%	81%
<b>^</b>	41%	TBD	Breast Cancer Screening***	50%	48%	47%

\*\*\* New 2020

Audit Reporting Period: 1/1/21 - 4/30/21



No Fill No historic comparison / goal
In order to obtain monthly data, results are preliminary

April	May	June	July	August	September	October	November
28%							
59%							
73%							
68%							
9%							
52%							
Data Pending							
83%							
75%							
84%							
80%							
86%							
47%							
100%							
77%							
17%							
80%							
44%							

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# Update on Quality Improvement Journey: CCPC Frontpage Executive Dashboard

Dr. Grant Mussman

CCPC Board Meeting 5-12-2021



CCPC Care Delivery System
Frontpage Executive Dashboard | FY 21: March, 2021

	LEGEND				SATISFACTION	EMPLOYEE	PATIENT/				SAFETY	PALIENI AND	ביי דוגוד ייי								EXCELLENCE	OUTCOMES			The State of				
* REPORTING FREQUENCY: Weekly (W), Monthly (M), Quarterly (Q), Senti-annual (SA), Yearly (Y), Year to Date (Y1D)  NEASURE TYPE: SD - Strategic Donatin Measure   C - Community Health Center Specific Measure.	1 PRIORITY: Al -Active improvement   SU -Sestain   MO -Monitor   FW -Future work   IP -Improvement Priority	Multipet of their to Eliquid grade with the industrial newspectures from the y	C. INDUC PROBLEMS TO CARRIED IN COMMISSION AND AN ARRANGE PROPERTY OF THE PROP	Employee Salisfaction: SBHC (n=20)  Or "I would naturally recommend the principation as a good place in work in a friend or reliebve."	Employee Salislaction: Medical (Includes Medical, Dentel, Pharmacy) (n=54)  O: "I would proudly recommend this organization as a good place to work to a friend or relative."	Number of Patient Negative Unscitched Concerns	Number of Patient Positive Unsolicited Comments	Patient Satisfaction (DENTAL): Percent of survey respondents giving CCPC a High rating 3/4 (Good or Very Good) on overall satisfaction of care question $(n = 266)$	Pallent Satisfaction (MEDICAL): Percent of survey respondents giving CCPC a High rating 3/4 (Good or Very Good) on overall satisfaction of care question (n = 443)	Number of OSHA Employee Injuries that resulted in lost time/time away from work	Number of OSHA Employees injuries (Goal is 1.94 per 100 employees)	Number of serious salety events	Number of safety includers reports submitted about patient	Namber of safety inches reports submitted about employees	# of CCPC Quality improvement conference submissions	COVID initiated: Percent of Vaccination Pods with 95% or more volunteer state filed	Percent of SBHCs with 95% Open Referrats < 90 Days Old (n = 13)	Parcent of Behavioral Health (BH) Providers (Physician/NP) with 95% Open Referrals < 90 Days Old (n = 6)	Percent of CHC Providers (Physician) NP) with 95% Open Referrals < 90 Days Clid (n = 22)	Number of School Based Health Centers (SBHC) participating in an active quality improvement project (s = 13)	Number of Community Health Centers (CHCs) participating in an active quality improvement project ( $n = 6$ )	Percentage of adolescents receiving the second dose of HPV vaccine: Northside	Percent of CHCs patients receiving first MMR vaccination by 15 months (COVID initiated)	Percent of 27 month old patients having received all immunizations (UDS)	Percent of PHHC Patients (18 - 85 years) at Price Hill Health Center with *Controlled Hypertension (HTN)	Percent of Braxton patients with Diabetes who receive Diabetes Care Bundle: Braxton	Spread of Diabetes: Care Bundle from 0 to 3 clinics (PHHC, Ambrose, Braxton)	Percent of heathcare outcomes gap closed between Black/African American & White patients with diabetes	Measures
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			75	100%	41%	NA	NIA	98%	96%	3	6	NWA	63	14	N/A	NA	NA	N/A	NA	N/A	N/A	N/A		50.0%	N/A	NA	N/A	NA	20
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Below Goal	≥75% of Goal																Ethel laylor, Aiken, Western Hills	Allen, Espinola, Lee	Keily, Lacasse, Meyer, Saker, Allen		Ambrose, Braxton, Northside, Price Hill			TBD					Top Performers
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## CCPC Care Delivery System Frontpage Executive Deshboard | FY 21: March, 2021

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Sin   Mo	Number of Consmusity Health Centers achieving $45$ ania Patient Visit Cycle Time Goal ( $n=6$ )	ပ	₹	Hopson	_	+	10	Ambrose		×	***
Signormal   Miles		S	WO	Goode	143 min	47 min	45 min			2	-
50   MO	Paient Registration Cycle Time: Percent of patients who complete registration process within 3 minutes; PHHC	8	MO	Roes	29 min	888	≤ 3 min				1_
Sign   MiO	Percent of AM clinics that start within 10 ainstates of the first scheckled appointment (n=122).	8	MO	Hopson	NX	虚	30%	Ambrose, Braxton, Price Hill		a	4
SD   MO	{ <del>}}</del>	S	SK SK	Нореон	N/A	388	80%	Braxton, Northsids, Ambrase		a	4
SD   MO	=116)	8	N/O	Hopson	NA	1	%0%	Ambrose, Bobbie Sterne, Northside		a	4
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SD   IP   Hopeont Massman   NA   1   5   Phitchard   75%   YTD	north.	S	Ü	Honoral Masonas	N/A		٥	Management Pulls, T	) i	į	IL
SID         IP         Hopmon         78,0%         77.00         All Niges         1 minute         "3 out of last 10 weeks"         W         4 minute         W <td>alkents per month. unity petients seen</td> <td>S</td> <td>₽</td> <td>Hopson/ Museman</td> <td>N.A</td> <td>-</td> <td>100</td> <td>Prichard</td> <td>75%</td> <td><b>₽</b></td> <td>4</td>	alkents per month. unity petients seen	S	₽	Hopson/ Museman	N.A	-	100	Prichard	75%	<b>₽</b>	4
Sign   IP   Rose   Sign with   Indicate   Trainate   Committee		S	_	Hopeon	78.0%	E.	888		600c	2	•
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YTD											
Date (Y.L.)	Withthe work   IP Improvement Priority							M Gen			
	to Health Center Specific Measure							≥75% of Goal			



DATE:

May 12, 2021

TO:

City of Cincinnati Primary Care Governing Board

FROM:

Robert Hall, CFO

SUBJECT: Revenue Presentation March 2021

### **Revenue Presentation**

Revenue Presentation for March 2021.

## **Revenue Collection**

• For the Fiscal Year, 2021 as of March 2021 has a net gain of \$3,004,282 for the period July 2020 through March 2021 for Cincinnati Primary Care.

• The month of March 2021 is the second month of consecutive losses of which March's losses are \$991,108.

• The loss for March is historically common when there are three pays within the month. Last year for the same period had a loss of \$1,288,480 which also had three pays. The months of three pays normally outpaced the revenues of that month and usually the following month the revenue will exceed expenses producing gain assuming remains consistent to prior months.

• Here are accumulative charges disaster regular hours and overtime as it relates to COVID-19.

Type Labor Cost	Clinics	School Base	Total
Disaster Regular	\$ 554,906	\$357,210	\$ 912,116
Disaster Overtime	\$ 539,220	\$197,429	\$ 736,649
Total of Both Type	\$1,094,126	\$554,639	\$1,648,765

Last Year for FY20 for the same period of FY21, we spent \$107,659 for both disasters regular and overtime for the clinics as well as for the school-based clinics.

## **April Payor Mix Highlights:**

- Medical: All four payor mixes are steadily increasing between 2% to 4% which may be a sign of things that is starting to open as opposed to last year for the same period.
- Dental: There was a 6% increase in Medicaid and overall, April this year has slightly out-paced last year for the same period.
- School Base Medical: Medicaid has a 7% increase compared to last month and overall levels nearly match last year with the exception that last year at that time was 100%Medicaid.
- School Base Dental: The payor mixes for school base dental following a similar pattern of school base medical where this month has a various payor mix compared to last year of the same period of only one payer mix with Medicaid.
- Behavior Health: The service in behavioral health, as well as payor mix, has well exceeded last year of the same period along with having increases between 3% to 9% among the payor mix compared to last month.

### **Account Receivable Trends:**

• The account receivable collection effort for April for 90-days is 18% and for 120-days is 15%. Our aim for the ideal rate percentage for 90-days is 10% and our 120-days is 20%. We are hitting our goal for the 120-days and 8% over for the 90-days for April. The number of return mail has some impact on our account receivable trend for the past several months before March has been averaging 914 returned pieces of mail at \$34,743.86.

## Days in Account Receivable & Total Account Receivable:

• The days in account receivable for the past three months are within the desired levels of 30-days or less. The most recent Days in Account Receivable has been hovering around slightly above 30-days. The month of April came down slightly to 30.6 where March was at 31.8. The days in account receivable may go up in future months as we worked on cleaning up some old open encounters that need to be closed by posting it as a receivable which then written-off.

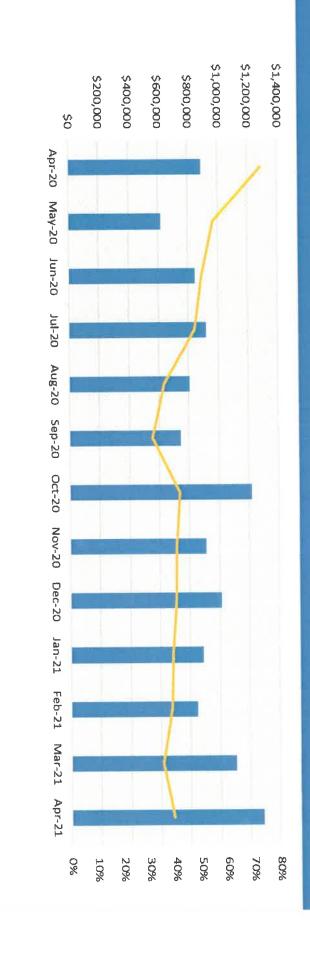
**Stimulus Funding Reconciliation** 

Approved Stimulus Funds	<b>,</b>	\$ Total 9,975,975.00		Year 1		Year 2
Operating Budget Needs for FY21 and FY22		, .,.				
FY2022 Operating Budget Deficit		\$ 2,029,204.00		2,029,204.00		
FY2022 School In-person Learning Contingency		\$ 1,000,000.00	\$	1,000,000.00		
FY2023 Projected Operating Budget Deficit		\$ 1,850,000.00			\$	1,850,000.00
Total Operating Budget Need FY22/FY23		\$ 4,879,204.00	\$	3,029,204.00	\$	1,850,000.00
Health Center Furniture and Equipment Upgrades		050.000.00				
Electronic Health Record Upgrades		\$ 850,000.00	•	475,000.00		375,000.00
Expansion of Centralized Services		\$ 300,000.00	•	200,000.00	•	100,000.00
Training and Development		\$ 1,072,083.00	•	625,000.00	\$	447,083.00
Outreach and Marketing		\$ 175,000.00	•	100,000.00	\$	75,000.00
<u> </u>		\$ 115,000.00	•	65,000.00	\$	50,000.00
IT Upgrades		\$ 427,917.00	\$	300,000.00	\$	127,917.00
Telehealth Equipment		\$ 200,000.00	\$	100,000.00	\$	100,000.00
Total Operating Funds Need		\$ 3,140,000.00	\$	1,865,000.00	\$	1,275,000.00
New Personnel		\$ 1,481,771.00	\$	740,886.00	\$	740,885.00
Total New Personnel Funding		\$ 1,481,771.00	\$	740,886.00	\$	740,885.00
Facility Renovations		\$ 475,000.00	\$	475,000.00		
Total Capital Funds		\$ 475,000.00	\$	475,000.00		
	Total Budgeted	\$ 9,975,975.00	\$	6,110,090.00	\$	3,865,885.00

CHD/CCPC Finance Update May 12, 2021

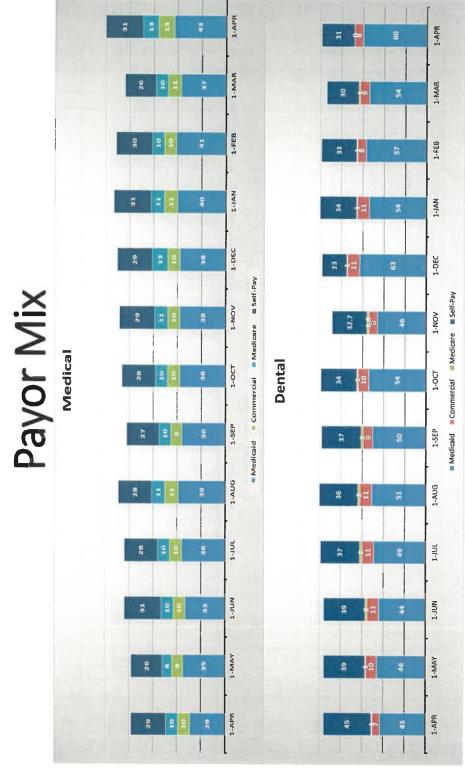
Revenue Presentation

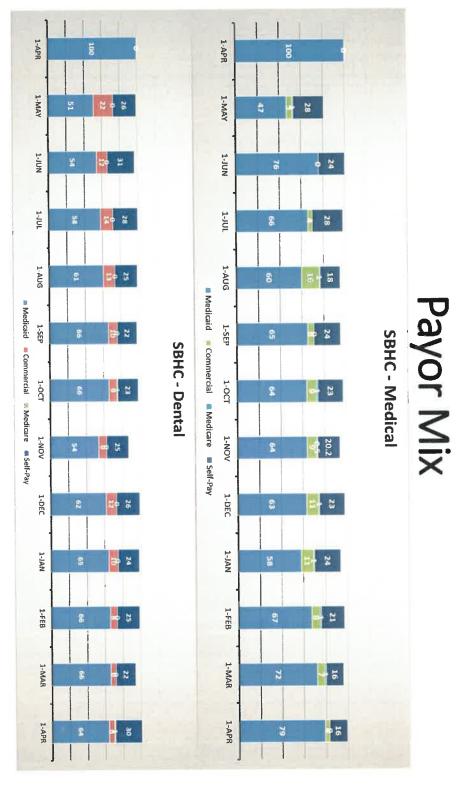
# Monthly Visit Revenue



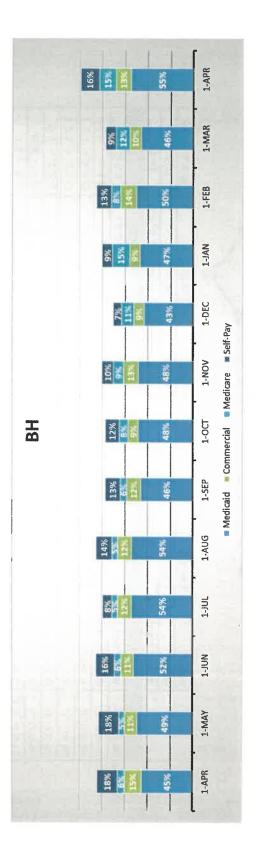
Collections

% Gross
Collections





## Payor Mix



## AR Trends

			<b>3</b>	9	
	15%	59%	59%	3%	% > 120
	18%	67%	67%	5%	% > 90
	\$640,276 \$2,957,821	\$640,276	\$647,617	\$2,310,204 \$647,617	Total
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6.97%	\$206,178	\$223,414	(\$20,398) \$226,576	(\$20,398)	211+
2.22%	\$65,609	\$50,870	\$51,345	\$14,264	181 - 210
2.63%	\$77,864	\$51,739	\$52,352	\$25,512	151 - 180
3.14%	\$92,929	\$53,224	\$53,729	\$39,200	121 - 150
3.45%	\$102,029	\$46,932	\$47,784	\$54,245	91 - 120
5.20%	\$153,858	\$60,021	\$60,583	\$93,274	61 - 90
13.43%	\$397,152	\$86,987	\$87,590	\$309,562	31 - 60
62.96%	\$1,862,201	\$67,089	\$67,656	\$1,794,544	0 - 30
		April	April		
April	April	Plan	<u>A</u>	April	Period
Total % Total	Total	Patient - Not on Pmt	Patient -	Insurance	Aging

2/1/2020 3/1/2020 4/1/2020 5/1/2020 6/1/2020 7/1/2020 8/1/2020 9/1/2020 10/1/2020 11/1/2020 12/1/2020 1/1/2021 2/1/2021 3/1/2021 4/1/2021 **%**>90 **%**>120

# Day in AR & Total A/R

